

K092009

**SECTION 5**  
**510(K) SUMMARY**

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**510(K) SUMMARY**

**1. Submitter:**

Boston Scientific Corporation  
100 Boston Scientific Way  
Marlborough, MA 01545  
Telephone: 508-683-4178  
Fax: 508-683-5939

NOV - 6 2009

Contact: Jennifer A. Kimball  
Director Regulatory Affairs  
Date Prepared: July 2, 2009

**2. Device:**

Trade Name: LeVeen SuperSlim Needle Electrode  
Common Name: Electrode, Electrosurgical  
Classification Name: Electrosurgical cutting and coagulation device and accessories  
Regulation Number: 878.4400  
Product Code: GEI  
Classification: Class II

**3. Predicate Device:**

Boston Scientific Corporation's LeVeen Needle Electrode, K000032  
Boston Scientific Corporation's LeVeen Needle Electrode, K982556

**4. Device Description:**

The description of the proposed modified LeVeen Needle Electrode is the same as the predicate devices. The LeVeen SuperSlim Needle Electrode consists of a pre-shaped, multi-armed electrode array which is contained within a delivery cannula. The array is attached to a handle mechanism that deploys the array into targeted tissue. The device is connected to a generator so that RF energy passes from the array to a patient ground pad and heats the tissue surrounding the array.

**5. Intended Use:**

The LeVeen SuperSlim Needle Electrode is intended to be used in conjunction with a radiofrequency (RF) generator for the thermal coagulation necrosis of soft tissues, including partial or complete ablation of nonresectable liver lesions.

**6. Technological Characteristics:**

The technological characteristics are identical to the predicate device.

**7. Performance Data:**

Testing has been completed to demonstrate that the proposed changes do not result in any new issues of safety or effectiveness.

**8. Conclusion:**

Boston Scientific Corporation has demonstrated that the proposed changes do not raise any new issues of safety or effectiveness.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Boston Scientific Corporation  
% Ms. Jennifer Kimball  
Director Regulatory Affairs  
100 Boston Scientific Way  
Marlborough, Massachusetts 01545

NOV - 6 2009

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room W-066-0609  
Silver Spring, MD 20993-0002

Re: K092009

Trade Name: Modifications to: LeVeon SuperSlim Needle Electrode  
Regulation Number: 21 CFR 878.4400  
Regulation Name: Electrosurgical Cutting and Coagulation Device and Accessories  
Regulation Class: II  
Product Code: GEI  
Dated: October 8, 2009  
Received: October 9, 2009

Dear Ms. Kimball:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

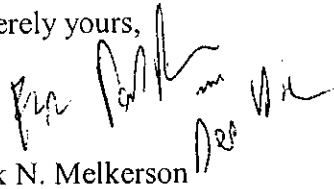
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If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson".

Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic,  
and Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

SECTION 4  
INDICATIONS FOR USE STATEMENT

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Indications for Use:

510(k) Number (if known): **To Be Determined**

Device Name: **LeVeen SuperSlim Needle Electrode**

Indications For Use:

The LeVeen SupersSlim Needle Electrode is intended to be used in conjunction with a radiofrequency (RF) generator for the thermal coagulation necrosis of soft tissues, including partial or complete ablation of nonresectable liver lesions.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)


AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number

14092009